



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 8, 2016

Ms. Holly Baker, Manager
Manes House
127 Union Street
Bennington, VT 05201

Dear Ms. Baker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 17, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/17/2016
NAME OF PROVIDER OR SUPPLIER MANES HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 UNION STREET BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was completed on 2/17/16 by the Division of Licensing and Protection. There was a regulatory finding.	R100	9.1a. THE DRESSER IN RM #3 WAS REPAIRED 2/18/16 - THE RESPONDENT ALLOWED US TO REMOVE THE BOTTLE OF ALCOHOL AFTER THE SURVEYOR HAD SPOKE WITH HIM. IT WAS REMOVED WHILE SHE WAS STILL HERE. THE ROOM WAS COMPLETELY CLEANED BY STAFF. THE RESPONDENT WILL BE ASSESSED/ENCOURAGED BY STAFF TO MAINTAIN THIS	
R266 SS=B	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a safe, sanitary and homelike environment. During a tour of the facility at 11:10 AM, accompanied by the owner/administrator, in four resident rooms, the furniture was worn and mismatched. Room #3 had a dresser that had a broken drawer and the resident was not able to use that section of the dresser for his/her personal clothing. There was also a bottle of 50% rubbing alcohol on top of a dresser in his/her room. The resident stated that s/he brought it with him/her, but doesn't know why it is there. Per administrator, the resident doesn't use it and that it shouldn't be there. S/he also confirmed at this time that the furniture was worn and the dresser drawer was broken. His/her room was also cluttered and there was dust build up on the furniture and the room presented as not being clean. Room # 5 has chairs in the room for the	R266	9.1a. THE RESIDENT IN RM. #5 A HAS BEEN PROVIDED A NEW CHAIR AND #5B HAS BEEN SLIP COVERED, THE OLD CHAIR IS BEING TRASHED. - THIS WILL BE CHECKED BY STAFF DURING FUTURE CLEANUPES.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barry Peeler (MANAGER/OWNER)
Deed Peeler, LPN

STATE FORM

6092

SZIM11

TITLE

(X6) DATE

3-7-16

If continuation sheet 1 of 2

3-7-16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/17/2016
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R266	<p>Continued From page 1</p> <p>occupants to use and they have rips and tears. One of the chairs has tape on the arms over the rips and the other has a tear in the upholstery.</p> <p>In room #7 the wallpaper was peeling on the wall beside his/her bed.</p> <p>There was dust build up on the television stand in the living area and there are incontinent pads on all of the furniture seats. The administrator stated that the residents are asked to keep their own rooms picked up and the staff does the housekeeping and cleaning. S/he confirmed that there are areas of the home that need attention.</p>	R266	<p>Rm. #7 #3 DU CHIE PROCESS OF REPAINT REWALL- PAPERED. PROSPECTIVELY IT WILL BE COMPLETED BY (3-14-16) (3-14-16)</p> <p>THE DUSTING CHORE HAS BEEN ADDRESSED & STAFF AND REENFORCED AS A REGULAR TASK ON THE CHORE LIST. WILL BE OVERVIEWED WEEKLY BY THE HOUSE MANAGER. NEW COLORED COORDINATED INCONTINENT PADS HAVE BEEN ORDERED AND SHOULD BE HERE WITHIN 8 TO 10 DAYS. THIS WILL BE OVER REVIEWED BY THE HOUSE MANAGER AND HER ASSISTANT.</p>	

Division of Licensing and Protection

STATE FORM

*Holley Bebler (Manager) d/b/a/HB
David Korn, LPN*

6692

SZIM11

3-7-16

3-7-16

If continuation sheet 2 of 2